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## \*BIBDATASHEET\*

CONFIRMATION NO. 3536

Bib Data Sheet

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/791,292  | <b>FILING OR 371(c)<br/>DATE</b><br>03/03/2004<br><b>RULE</b>   | <b>CLASS</b><br>361               | <b>GROUP ART UNIT</b><br>2841  | <b>ATTORNEY<br/>DOCKET NO.</b><br>44391                             |
| <b>APPLICANTS</b><br>Shadi A. AbuGhazaleh, Oakdale, CT;<br>Robert C. Baxter, Warwick, RI;<br>Rehan Mahmood, Lebanon, CT;<br>Alan C. Miller, Madison, CT;<br>Michael R. O'Connor, Seymour, CT;   |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b>   |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/24/2004</b>  |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>CT | <b>SHEETS<br/>DRAWING</b><br>10  | <b>TOTAL<br/>CLAIMS</b><br>25<br><b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>005638  |   |                                   |  |   |
| <b>TITLE</b><br>MIDSPAN PATCH PANEL WITH COMPENSATION CIRCUIT FOR DATA TERMINAL EQUIPMENT, POWER<br>INSERTION AND DATA COLLECTION   |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>1290  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |